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| Case Number: | CM14-0129169 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 10/06/2007 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old man who sustained a work-related injury on October 6, 2007. Subsequently, he developed chronic low back and neck pain. The patient was diagnosed with cervicalgia, cervical sprain/strain, thoracic sprain/strain, and bilateral carpal tunnel syndrome. The electrodiagnostic studies performed in August 24, 2013 suggested right ulnar neuropathy and left S1 radiculopathy. The physical examination was significant for cervical tenderness with reduced range of motion. Pool therapy was reported as beneficial. There no recent treating physician notes. The provider requested authorization for Menthoderam Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro DOS 5/12/14: Menthoderam Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Menthoderam contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Methoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Based on the above, Methoderm ointment is not medically necessary.